

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA		08-09-01
O.I.P.E. CLASSIFIER		12	8/17
FORMALITY REVIEW	MD	579	11/28/01
RESPONSE FORMALITY REVIEW	7	925	2/01/02

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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520  
 11-28-01  
 866  
 20102